## PART B - FEE(S) TRANSMITTAL

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required.) Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fee as will be mailed on the current correspondence address an indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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10/26/2001

TITLE OF INVENTION: METHOD FOR TREATING PATIENTS FOR RADIATION EXPOSURE

BIONUMERIK PHARMACEUTICALS, INC.

8122 Datapoint, Suite 1250 San Antonio, TX 78229

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Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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066131-30

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					(Depositor's name)
					(Signature)
					(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.

Frederick H. Hausheer

APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE TOTAL FEE(S) DUE PREV. PAID ISSUE FEE DATE DUE \$700 nonprovisional YES \$300 SO \$1000 12/28/2006 EXAMINER ARTUNIT CLASS-SUBCLASS SPIVACK, PHYLLIS G. 1614 514-108000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list I\_Akin Gump Strauss Hauer & Feld (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Advance Order - # of Copies \_\_

BioNumerik Pharmaceuticals, Inc.

Number is required.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

San Antonio, TX (US)

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗹 Corporation or other private group entity 🔘 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

4a. The following fee(s) are submitted; Issue Fee

A check is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 30-1017 (enclose an extra copy of this form).

 Publication Fee (No small entity discount permitted) 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Date Abbrember 7, 2006

Typed or printed name Alan S. Nadel

Authorized Signature

Registration No. 27,363

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